

Fill in this information to identify your case: Debtor 1 Annabelle Cruz Viray														
	otor 2 ouse, if filing)		,											
Uni	ted States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLV	/ANIA									
Case number (If known) 18-18243								Check if this is: An amended filing A supplement showing postpetition chapter						
	fficial Form								me a	s of the fo	g postpetition			
Be a supp sportate	plying correct info use. If you are sep ch a separate she	ccurate as possormation. If you parated and you	Sible. If two married peo are married and not filin or spouse is not filing wi On the top of any additi	ng jointly, and y th you, do not	your spou include in	ise is iform	living wation ab	vith you, oout your	inclu spou	de informuse. If mo	nation abou ore space is	t your needed,		
1.	Fill in your empl	oyment		Debtor 1	4			Debtor 2 or non-filing spouse						
	information. If you have more	than one job		☐ Employed				☐ Employed						
	attach a separate information about employers.	e page with	Employment status	■ Not employed				☐ Not employed						
	Include part-time, seasonal, self-employed work.		Occupation Employer's name	Unemployed										
	Occupation may or homemaker, if		Employer's address											
			How long employed t	here?				_						
Par	t 2: Give De	tails About Mor	nthly Income											
	mate monthly incouse unless you are		ate you file this form. If	you have nothin	g to report	for a	ny line, v	write \$0 in	the s	space. Inc	clude your no	n-filing		
•	ou or your non-filing e space, attach a so	•	ore than one employer, co	ombine the infor	mation for	all en	ployers	for that p	erson	on the lir	nes below. If	you need		
							For	Debtor 1			otor 2 or ng spouse			
2.			ry, and commissions (b calculate what the monthl		е.	2.	\$	0.	00	\$	N/A	_		
3.	Estimate and lis	t monthly overt	ime pay.			3.	- \$	0.	00	+\$	N/A	_		
4	Calculate gross	Income Add lin	oo 2 ± lino 3			₄ [\$	0.00		2	N/A	1		

Debtor 1		Annabelle Cruz Viray	_	Case number (if known)	18-18243	18-18243		
				For Debtor 1	For Debtor			
	Сор	y line 4 here	4.	\$0.00	\$	N/A		
5.	List all payroll deductions:							
	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A N/A		
	5h.	Other deductions. Specify:	5h.+	\$ 0.00	+ \$	N/A		
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		\$0.00	\$	N/A		
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$	N/A		
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ + \$	N/A N/A N/A N/A N/A N/A		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$0.00	\$	N/A		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	0.00 + \$	N/A	= \$	0.00	
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Contribution from Sister 11. +\$ 660.00							
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.								
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?			Combine monthly		